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MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

James Burnett

JUDGE HIBBLER

TLMS

**FILED**

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

**JUNE 5, 2009**  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

vs.

Case No: 09 C 2331  
(To be supplied by the Clerk of this Court)

Medical Director  
Dr. Avary Hart

Cook County Dept.  
of Corrections officer  
(The bus Driver)

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

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COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

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COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: James Burnett
- B. List all aliases: N/A
- C. Prisoner identification number: 20080083867
- D. Place of present confinement: Cook County Jail
- E. Address: PO Box 089002, Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: Dr. Avary Hart  
 Title: Medical Director  
 Place of Employment: Cook County Jail
- B. Defendant: Unknown Name / Correctional Officer  
 Title: Driver of the bus on 12-15-08 to  
 Place of Employment: Cook County Jail
- C. Defendant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

Belmont  
and  
western

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: \_\_\_\_\_  
\_\_\_\_\_
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_  
\_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

**IV. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

The Complaint challenge Cook County Dept of Corrections and medical Staff as a municipal Corporation and its superior Staff who are responsible for my care. The defendants in their own capacity and as employees of the Cook County Jail as being negligent as Jailers and medical personnal and thereby their offical misconduct caused an deliberate act in Violating my Constitutional rights as an inmate. On dec. 15, 2008 I was placed on an Cook County bus that was scheduled to take me to belmont/Western to appear for court. Due to the fact that the bus got into a car accident and I injured my back and neck in the event, I did not make a Court appearance on that date and got very poor medical help. When I was placed on that bus due to the fact that, inmates are

Constitutionally entitled to no greater protections than those afforded citizens riding public buses, the bus did not have seat belts which should of entitled immediate medical care for my injuries. I've been trying to find out the Correctional Officer name who was driving that bus on that date but the county Jail refused to disclose his information to me. I've put in numerous grievances to Superintendent Slaughter and to the Medical director in regard to this matter and got no response from either. I've been putting in medical request forms every since the accident and been deliberately not responded to from the medical department in regard to my request to see the doctor about my serious medical needs. Thank you for your time and effort that you dedicate on this case its really appreciated. Im Suinting for pain and suffering and my statement here is true to the best of my ability. Thanks you

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like the court to find out why I've  
been limited to medical help and still currently  
suffering from injuries months down the line. Thank you

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this May day of 14, 2009

James Burnett  
(Signature of plaintiff or plaintiffs)

James Burnett  
(Print name)

20080083867  
(I.D. Number)

p.o box 089002  
Chicago, IL 60608  
(Address)